RICE LAKE CONVALESCENT CENTER

1016 LAKESHORE DRIVE

Ownership: RICE LAKE 54868 Phone: (715) 234-9101 Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): 97 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 74 Average Daily Census: 77 ************************

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	ଚ						
Home Health Care	No	Primary Diagnosis	%	Age Groups		Less Than 1 Year	36.5		
Supp. Home Care-Personal Care	No					1 - 4 Years	50.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	2.7	Under 65	4.1	More Than 4 Years	13.5		
Day Services	No	Mental Illness (Org./Psy)	39.2	65 - 74	13.5				
Respite Care	No	Mental Illness (Other)	8.1	75 - 84	37.8		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	24.3	*********	******		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	20.3	Full-Time Equivalent	-		
Congregate Meals	regate Meals No		1.4			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	2.7		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	23.0	65 & Over	95.9				
Transportation	No	Cerebrovascular	9.5			RNs	7.5		
Referral Service	No	Diabetes	0.0	Sex	90	LPNs	7.5		
Other Services	No	Respiratory	4.1			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	9.5	Male	25.7	Aides, & Orderlies	39.1		
Mentally Ill	No			Female	74.3				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				
*********	***	*******	*****	*****	****	· ***********	*****		

Method of Reimbursement

		edicare			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	1	11.1	195	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.4
Skilled Care	8	88.9	249	50	98.0	104	1	100.0	238	9	69.2	109	0	0.0	0	0	0.0	0	68	91.9
Intermediate				1	2.0	86	0	0.0	0	4	30.8	102	0	0.0	0	0	0.0	0	5	6.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		51	100.0		1	100.0		13	100.0		0	0.0		0	0.0		74	100.0

RICE LAKE CONVALESCENT CENTER

*******	*****	******	*****	*****	*****	*****	*****
Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/02
Deaths During Reporting Period	1						
	1				% Needing		Total
Percent Admissions from:	1	Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	5.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.9	Bathing	0.0		86.5	13.5	74
Other Nursing Homes	3.6	Dressing	4.1		86.5	9.5	74
Acute Care Hospitals	85.6	Transferring	28.4		56.8	14.9	74
Psych. HospMR/DD Facilities	0.7	Toilet Use	24.3		56.8	18.9	74
Rehabilitation Hospitals	0.0	Eating	71.6		21.6	6.8	74
Other Locations	2.2	*******	*****	*****	*****	******	*****
Total Number of Admissions	139	Continence		용	Special Treat	ments	્રે
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	5.4	Receiving F	Respiratory Care	8.1
Private Home/No Home Health	29.4	Occ/Freq. Incontinen	t of Bladder	50.0	Receiving T	racheostomy Care	1.4
Private Home/With Home Health	24.5	Occ/Freq. Incontinen	t of Bowel	18.9	Receiving S	Suctioning	1.4
Other Nursing Homes	2.8				Receiving C	stomy Care	2.7
Acute Care Hospitals	14.0	Mobility			Receiving T	'ube Feeding	2.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	1.4	Receiving M	Mechanically Altered Diets	13.5
Rehabilitation Hospitals	0.0						
Other Locations	4.9	Skin Care			Other Residen	t Characteristics	
Deaths	24.5	With Pressure Sores		5.4	Have Advanc	e Directives	82.4
Total Number of Discharges	1	With Rashes		17.6	Medications		
(Including Deaths)	143				Receiving F	sychoactive Drugs	51.4

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:			
	This	This Proprietary Facility Peer Group		50	-99	Ski	lled	Al	1	
	Facility			Peer	Group	Peer Group		Faci	lities	
	%	્ર	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	79.0	85.1	0.93	88.5	0.89	86.7	0.91	85.1	0.93	
Current Residents from In-County	85.1	75.4	1.13	72.5	1.17	69.3	1.23	76.6	1.11	
Admissions from In-County, Still Residing	15.1	20.1	0.75	19.5	0.78	22.5	0.67	20.3	0.74	
Admissions/Average Daily Census	180.5	138.3	1.31	125.4	1.44	102.9	1.75	133.4	1.35	
Discharges/Average Daily Census	185.7	139.7	1.33	127.2	1.46	105.2	1.76	135.3	1.37	
Discharges To Private Residence/Average Daily Census	100.0	57.6	1.73	50.7	1.97	40.9	2.45	56.6	1.77	
Residents Receiving Skilled Care	93.2	94.3	0.99	92.9	1.00	91.6	1.02	86.3	1.08	
Residents Aged 65 and Older	95.9	95.0	1.01	94.8	1.01	93.6	1.03	87.7	1.09	
Title 19 (Medicaid) Funded Residents	68.9	64.9	1.06	66.8	1.03	69.0	1.00	67.5	1.02	
Private Pay Funded Residents	17.6	20.4	0.86	22.7	0.77	21.2	0.83	21.0	0.84	
Developmentally Disabled Residents	2.7	0.8	3.41	0.6	4.36	0.6	4.77	7.1	0.38	
Mentally Ill Residents	47.3	30.3	1.56	36.5	1.30	37.8	1.25	33.3	1.42	
General Medical Service Residents	9.5	23.6	0.40	21.6	0.44	22.3	0.42	20.5	0.46	
Impaired ADL (Mean)	43.5	48.6	0.90	48.0	0.91	47.5	0.92	49.3	0.88	
Psychological Problems	51.4	55.2	0.93	59.4	0.86	56.9	0.90	54.0	0.95	
Nursing Care Required (Mean)	6.6	6.6	0.99	6.3	1.05	6.8	0.97	7.2	0.92	